

**PROOF OF CLAIM**

**TRANSPORTATION INSURANCE SERVICES RISK RETENTION GROUP, INC.  
(TRANSPORTATION INSURANCE SERVICES) IN LIQUIDATION**

**ALL CLAIMS MUST BE POSTMARKED BEFORE THE CLAIM FILING DEADLINE OF 5:00 PM ET ON OCTOBER 31, 2020. READ CAREFULLY BEFORE COMPLETING. SEE INSTRUCTIONS ON BACK**

<b>FOR OFFICE USE ONLY:</b>		
Date Postmarked:	Interested Party Name:	
Date Received:	Address:	
Proof of Claim No:	ID#:	Policy#:
Liquidator Allowed Amount:	Liquidator Denied Amount:	Court Allowed Amount:

<b>CLAIMANT INFORMATION</b>		<b>Claimant Please Complete – Print (black ink) or Type</b>
Name:	Policy Period:	
Address: (Include City, State & Zip Code)		
Home Phone:	Insured:	
Work Phone:	Existing Claim No. (if any):	
SSN or TIN:	Date Claim Incurred:	

<b>CLAIM INFORMATION</b>		All supporting documentation must be attached to Proof of Claim in order to be considered.
<p>Claim is for:</p> <p><b>Policyholder/Insured</b></p> <p><input type="checkbox"/> Claim is made for a specific loss or occurrence arising for coverage under Commercial Auto Insurance Policy:</p> <p><input type="checkbox"/> Other – Specify Type: _____</p> <p><input type="checkbox"/> Claim is made for the return of unearned premium due to early cancellation (If amount is unknown, Liquidator will calculate). Amount of premium/consideration paid to date _____. Attach copies of cancelled checks or other proof of payments. Was premium financed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide premium finance company and details of premium financing: _____</p> <p><b>All Other Claimants:</b></p> <p><input type="checkbox"/> Claim is made against policyholder/insured for a specific loss or occurrence arising under coverage of the following type:</p> <p><input type="checkbox"/> Commercial Auto /bodily injury</p> <p><input type="checkbox"/> Other – Specify Type: _____</p> <p><input type="checkbox"/> Property Damage</p> <p><input type="checkbox"/> Claim is made by an attorney for unpaid legal expenses.</p> <p><input type="checkbox"/> Claim is made by a general creditor for unpaid invoices.</p> <p><input type="checkbox"/> Claim is made by an agent or broker.</p> <p><input type="checkbox"/> All others: state particulars of claim, including consideration given for this claim and attach supporting documentation; including a copy of written instrument which is the foundation of the claim.</p> <p>Please provide the exact amount of your claim and each component. Attach supplemental documentation, if available to support your claim.</p>	<p align="center"><b>Amount of Claim</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<b>TOTAL AMOUNT OF CLAIM:</b>		\$ _____

What payments have you received for this claim from Transportation Insurance Services? \_\_\_\_\_

What collateral or other securities do you hold? \_\_\_\_\_

Do you assert any right of priority or other specific right with respect to your claim? \_\_\_\_\_

<b>STATUS OF CLAIM</b>	
<input type="checkbox"/> Claim is based on a court judgment or settlement (attach judgment or agreement). <input type="checkbox"/> Claim currently pending in court (provide details and documentation). <input type="checkbox"/> Claim not pending in court, first reported to Transportation Insurance Services: _____ <input type="checkbox"/> Claim previously reported to Transportation Insurance Services, date reported: _____ <input type="checkbox"/> Other Insurance is available to cover this claim.	Name and address of your attorney if any: Name: _____ Company: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____

**VERIFICATION**

The undersigned subscribes and affirms as true under penalty of perjury as follows:

I have read the foregoing Proof of Claim and know the contents thereof: that this claim of \$ \_\_\_\_\_ against Transportation Insurance Services Risk Retention Group, Inc. is justly owing to the claimant; that there is no set-off, counterclaim or defense to the claim thereto, except as above stated; that the matters set forth above and in any accompanying statements are true to my knowledge except as matters specifically stated to be alleged upon information and belief and that as to such matters, I believe them to be true; that no payment of or on account of the aforesaid claim has been made, except as stated above.

Date Signed: _____	_____
Subscribed and sworn to me this ____ day of _____, 20____.	Print or Type Name of Claimant, Partner, Officer or Legal Representative
Signature of Notary Public/Commissioner of Oaths	Signature of Individual, Partner, Officer, or Legal Representative
State of _____ County of _____	Title or Official Capacity
My commission expires: _____	Home Phone (_____) _____
	Work Phone (_____) _____
	_____
	Social Security Number or FEIN of Claimant

(Seal)

## **PROOF OF CLAIM INSTRUCTIONS**

### **All Claims**

The Proof of Claim (“POC”) should be completed in its entirety and all questions answered.

Please note certain instructions and requirements are contained in the POC itself. A separate form should be completed for each claim asserted against Transportation Insurance Services Risk Retention Group, Inc. (Transportation Insurance Services). Additional forms are available on the website, [www.tisinliquidation.com](http://www.tisinliquidation.com). For questions that do not apply to your situation, your response should be indicated with an “NA” or “not applicable.”

If your claim is for return of premiums, you do not have to calculate the amount; however, you may enter the amount, if known. You must include proof of payment of last premium.

If your claim is for a loss or other policy benefits, please provide the explanation of the loss or accident. For other types of claims against Transportation Insurance Services, provide a brief explanation of the claim, the amount claimed, and documentation supporting the claim. If you do not know the amount of the claim, write “unstated amount.”

You must sign the POC form and have it notarized. Please refer to the instructions in the attached “Notice” as to who should sign the claim form.

Please retain a copy for your records and mail the original to:

Claimant Services  
**Transportation Insurance Services Risk Retention Group, Inc. in Liquidation**  
9821 N. 95<sup>th</sup> St., Ste. 105  
Scottsdale, AZ 85258

**THE LAST DAY FOR FILING TIMELY CLAIMS AGAINST TRANSPORTATION INSURANCE SERVICES RISK RETENTION GROUP, INC. IN LIQUIDATION IS 5:00 o’clock p.m. ET on OCTOBER 31, 2020.** Claims must be postmarked (not postage meter stamped) no later than 5:00 o’clock p.m. ET on October 31, 2020.

You will be advised of your individual POC Number upon our receipt of your completed POC. You will be notified some time thereafter of the Liquidator’s decision regarding your claim. If your claim is denied in whole or part by the Liquidator, and you dispute the Liquidator’s findings, you will have the opportunity to present your dispute to the Liquidation Court in Richland County, South Carolina, or a forum designated by the Court.

The Liquidator’s acceptance of the POC is not intended to, nor does it constitute, a waiver or relinquishment by the Liquidator of any defense, set-off or counterclaim which the Liquidator may have against any person, entity or governmental agency.

All claimants are requested to keep the Liquidator advised of address changes. Inquiries as to the status of your claim should be made in writing. Please include your POC number in all correspondence to permit ease of identification and an expedited response.

Transportation Insurance Services website ([www.tisinliquidation.com](http://www.tisinliquidation.com)) is a source for news and information regarding the ongoing liquidation, including additional POC’s and other relevant documents.